

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Handwritten]</i>		<i>11-13-01</i>
O.I.P.E. CLASSIFIER	<i>[Handwritten]</i>	<i>32</i>	<i>7/27</i>
FORMALITY REVIEW	<i>IT</i>	<i>1112</i>	<i>8/23/01</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	7/27/01
2	✓	✓	7/27/01
3	✓	✓	7/27/01
4	✓	✓	7/27/01
5	✓	✓	7/27/01
6	✓	✓	7/27/01
7	✓	✓	7/27/01
8	✓	✓	7/27/01
9	✓	✓	7/27/01
10	✓	✓	7/27/01
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If more than 150 claims or 10 actions  
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 8/23/01